

Legislative Testimony
Senate Bill 819 – An Act Concerning Improvements to the HUSKY Program

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Good morning. My name is Madeline McClave. I am the Interim Executive Director of the Connecticut Oral Health Initiative or COHI. Thank you for the opportunity to speak to the Public Health, Insurance and Real Estate, and Human Services' Committees today about Senate Bill 819, An Act Concerning Improvements to the HUSKY Program. On behalf of our board of directors and other constituents, I am here to ask that you support this bill. By requiring additional accountability and information from the Department of Social Services, the General Assembly will be able to help insure continuing improvement in accessibility of dental services to children and adults in HUSKY. This bill is congruent with the good work the General Assembly has done over the past several years to ensure this accessibility through the recent settlement of the *Carr v. Wilson-Coker* lawsuit.

The new dental 'carve out' program that began on September 1st has made good, preliminary gains in improving accessibility by attracting private dental providers to serve HUSKY participants because of increased rates, and improved enrollment, billing and reimbursement processes. We must ensure that this progress continues so that HUSKY children and adults, pregnant women in particular, have real access to regular dental services that prevent the increased incidence of overall health problems, dental emergencies, poor birth outcomes and systemic infections associated with lack of treatment and detection through provision of regular dental care.

However, this progress will be undermined if Governor Rell's two current proposals to dramatically reduce dental utilization move forward. They will have a direct negative impact on access to HUSKY dental care. These proposals make Bill No. 819's proposal for ongoing review and reporting by DSS to the General Assembly about HUSKY programs even more necessary at this time.

- Governor Rell has proposed requiring prior authorization of non-emergency dental services provided under Department of Social Services dental programs (section 67 of Bill No. 843).

This requirement would have very negative results:

- 1) Greatly increased administrative and cost burden for the Department of Social Services to do prior authorizations
 - 2) The establishment of a procedural barrier that will discourage and frustrate families and their dental providers with a chilling effect on providers' enrolling to serve HUSKY patients
 - 3) Undermining of the work done by the General Assembly to ensure access to dental care for HUSKY patients and contravening the spirit of the *Carr v. Wilson-Coker* settlement agreement
 - 4) Reduced dental utilization even as CT is out of compliance with the federal "equal access" provision of Medicaid for children (EPSDT)
- Governor Rell has proposed eliminating non-emergency dental services for adults across Medicaid programs (sections 44 and 45 of Bill No. 43). This includes thousands of pregnant women age 21 and older in HUSKY.

This would have a direct, negative impact on children and drive up healthcare costs:

- 1) Maternal oral health impacts child oral health because mothers without insurance or regular source of dental care are less likely to bring kids in for care
- 2) Dental disease is linked to costly, preterm births
- 3) The bacteria that causes dental disease is easily transmitted from parents to newborns.

Ensuring that our HUSKY children and their parents have good access to regular, preventive dental services is extremely important to the oral health as well as the general health and well being of Connecticut residents. It will also help ensure that our children do not miss school or have trouble concentrating and learning due to dental pain.

According to a 2001 report of the U.S. Surgeon General, oral health problems are responsible for more missed school days than any other type of health problem. Three out of 100 children miss school because of dental pain. You may be surprised to learn that tooth decay is five times more common than asthma and is the single most common chronic disease among children. When oral health problems are not addressed, the pain and suffering often becomes so severe that patients end up making costly visits to hospital emergency rooms that are already overburdened. In fact, 'dental problems' are cited as one of the main reasons that children visit many emergency rooms during the day. Usually, there are no dentists available and treatment is for symptoms only. Patients sometimes must be hospitalized for acute infections, and are at increased risk of disease in permanent teeth, extensive pain and poor nutrition. They may even require oral surgery due to lack of early and regular dental care.

We ask that you help ensure that HUSKY enrollees have access to early and regular dental care by requiring DSS to review and report on ways to improve the HUSKY program going forward.

Thank you very much for the opportunity to speak with you today. Please do not hesitate to contact COHI (246-2644 or madelinem@ctoralhealth.org) if you have questions or need additional information.

The Connecticut Oral Health Initiative works to raise awareness and improve public policy to support its mission 'Oral Health for All'. Founded in 1992, COHI has been an independent nonprofit since 2003. It brings together individuals, dental professionals and organizations that believe in 'Oral Health for All.'